

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 1/16/98

RE6
1980763

1. NAME Caballero Dennis P. M
Last First MI
2. BUSINESS PHONE (504) 474-9090
Area Code and Phone Number
3. BUSINESS ADDRESS 110 Railroad Avenue Donaldsonville LA 70346
Street and No. City State Zip
4. EMPLOYER Security Industrial Insurance Company
5. EMPLOYER'S ADDRESS 110 Railroad Avenue Donaldsonville LA 70346
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name Security Industrial Insurance Company
Address 110 Railroad Avenue Donaldsonville LA 70346
Business or purpose Insurance
Does this person pay you? Yes
If No, who pays you? _____
2. Name Security Industrial Fire Insurance Company
Address 110 Railroad Avenue Donaldsonville LA 70346
Business or purpose Insurance
Does this person pay you? No
If No, who pays you? Security Industrial Insurance Company

LOBBYING REGISTRATION FORM

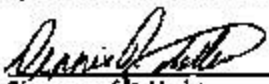
Lobbyist's Registration Number

3. Name Loewen Group International Inc.
 Address 50 East River Center Boulevard Suite 800 Covington KY 41011
 Business or purpose Holding company owns funeral homes, cemeteries and insurance cos.
 Does this person pay you? No
 If No, who pays you? Security Industrial Insurance Company
4. Name Loewen Life Insurance Group, Inc.
 Address 2240 Magazine Street New Orleans LA 70130
 Business or purpose Insurance Company
 Does this person pay you? No
 If No, who pays you? Security Industrial Insurance Company
5. Name Mayflower National Life Insurance Company
 Address 2240 Magazine Street New Orleans LA 70130
 Business or purpose Insurance
 Does this person pay you? No
 If No, who pays you? Security Industrial Insurance Company
6. Name First Capital Life Insurance Company of Louisiana
 Address 2240 Magazine Street New Orleans LA 70130
 Business or purpose Insurance Does this person pay you? No
 If No, who pays you? Security Industrial Insurance Company

State of Louisiana

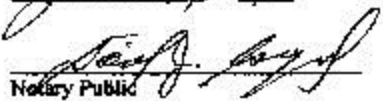
Parish of Ascension

Before me, the undersigned authority, personally came and appeared Dennis P. Gabellero, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.


 Signature of Lobbyist

Sworn to and subscribed before me on this 15th day of

January, 19 98


 Notary Public

Rev. 8/97

ATTACH
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 PHOTOGRAPH
 HERE
 FOR
 INITIAL
 REGISTRATION
 ONLY

